

## WAIVER OF SERVICE OF SUMMONS

TO: Juhen Washington Gordon  
(Name of plaintiff's attorney or pro se plaintiff)

I acknowledge receipt of your request that I waive service of a summons in the action of Gordon VS

Honorable  
which is case number CV-01-331 in the United States District Court for the Middle District of Pennsylvania. I have also received a copy of the complaint in the action, two copies of this instrument, and a means by which I can return the signed waiver to you without cost to me.

I agree to save the cost of service of a summons and an additional copy of the complaint in this lawsuit by not requiring that I (or the entity on whose behalf I am acting) be served with judicial process in the manner provided by Rule 4.

I (or the entity on whose behalf I am acting) will retain all defenses or objections to the lawsuit or to the jurisdiction or venue of the court except for the objections based on a defect in the summons or in the service of the summons.

I understand that a judgment may be entered against me (or the party on whose behalf I am acting) if an answer or motion under Rule 12 is not served upon you within 60 days after 4-6-01 (date request was sent), or within 90 days after that date if the request was sent outside the United States.

4/28/01  
Date

[Signature]  
Signature

Printed/typed name:

N. Gonzalez, L

Title if any:

Lieutenant

Address of person signing:

USP Lewisburg, PA

Representing defendant(s) if any:

**FILED**  
**SCRANTON**

MAY 16 2001

PER [Signature]  
DEPUTY CLERK

## WAIVER OF SERVICE OF SUMMONS

TO: Juhen Washington Gordon  
 (Name of plaintiff's attorney or pro se plaintiff)

I acknowledge receipt of your request that I waive service of a summons in the action of Gordon VS

Honzalez  
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5-09-01  
 Date

Stacy L. Puckey  
 Signature

Printed/typed name:

S. Puckey

Title if any:

Correctional Officer

Address of person signing:

USP Lewisburg, PA

Representing defendant(s) if any:

**FILED  
SCRANTON**

MAY 16 2001

PER K  
 DEPUTY CLERK

## WAIVER OF SERVICE OF SUMMONS

TO: Juhen Washington Gordon  
 (Name of plaintiff's attorney or pro se plaintiff)

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5-9-01  
 Date

B. Shuman  
 Signature

Printed/typed name:

B. Shuman

Title if any:

Correctional Officer

Address of person signing:

USP Lewisburg, PA

Representing defendant(s) if any:

FILED  
 SCRANTON

MAY 16 2001

PER h  
 DEPUTY CLERK

## WAIVER OF SERVICE OF SUMMONS

TO: Juhen Washington Gordon  
 (Name of plaintiff's attorney or pro se plaintiff)

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4-30-01  
 Date

[Signature]  
 Signature

Printed/typed name: J. Candelora

Title if any: Correctional Officer

Address of person signing: USP Lewisburg, PA

Representing defendant(s) if any: \_\_\_\_\_

**FILED**  
**SCRANTON**

MAY 16 2001

PER ^  
 DEPUTY CLERK

## WAIVER OF SERVICE OF SUMMONS

TO: Juhen Washington Gordon  
 (Name of plaintiff's attorney or pro se plaintiff)

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4-30-2001  
 Date

G. Shuck  
 Signature

Printed/typed name:

G. Shuck

Title if any:

Correctional Officer

Address of person signing:

USP Lewisburg, PA

Representing defendant(s) if any:

**FILED  
SCRANTON**

MAY 16 2001

PER n  
 DEPUTY CLERK



U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <i>Hordon</i>	COURT CASE NUMBER <i>01-331</i>
DEFENDANT <i>Honzalez</i>	TYPE OF PROCESS <i>Sec</i>
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>The Attorney General, DOJ</i>
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>Washington, DC 20530</i>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
and Estimated Times Available For Service):

Fold

**SENDER: COMPLETE THIS SECTION**Complete items 1, 2, and 3. Also complete  
item 4 if Restricted Delivery is desired.  
Print your name and address on the reverse  
so that we can return the card to you.  
Attach this card to the back of the mailpiece,  
on the front if space permits.

Addressed to:

*The Attorney General  
DOJ  
Washington, DC 20530*or (Copy from service label)  
*520 0022*  
July 1999Domestic Return Receipt  
*30373938*

Address (complete only if different)

**COMPLETE THIS SECTION ON DELIVERY**

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

**DEPARTMENT OF  
JUSTICE**D. Is delivery address different from item 1?  
If YES, enter delivery address below:☐ Agent  
☐ Addressee  
☐ Yes  
☐ No

3. Service Type

☒ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☐ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes*APR 10 2001*  
*Kenneth J. Parker*  
**SUPERVISOR***01-331*

102595-00-M-0952

TELEPHONE NUMBER

DATE

**DO NOT WRITE BELOW THIS LINE**

Signed USMS Deputy or Clerk

Date

*wellb**4/6/01*Executed as shown in "Remarks", the process described  
any corporation; etc., shown at the address inserted below

etc., named above (See remarks below)

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode

Date of Service: Time am

*4-10-01* pm

Signature of U.S. Marshal or Deputy

*Andrew Lavella*

Service Fee <i>8.00</i>	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges <i>8.00</i>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

**FILED  
SCRANTON**

MAY 16 2001

PRIOR EDITIONS  
MAY BE USED

1. CLERK OF THE COURT

PER

DEPUTY U.S. MARSHAL (Rev. 12/15/80)

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <i>Gordon</i>	COURT CASE NUMBER <i>CV-01-331</i>
DEFENDANT <i>Gonzalez</i>	TYPE OF PROCESS <i>SEC</i>

<b>SERVE</b> ➡ <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <i>U.S. Attorney</i>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <i>Williamsport, PA</i>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	
	Number of parties to be served in this case	
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Signature of Attorney or other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <i>1</i>	District of Origin No. <i>67</i>	District to Serve No. <i>67</i>	Signature of Authorized USMS Deputy or Clerk <i>P. Lanelle</i>	Date <i>4/6/01</i>
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service; ☐ have executed as shown in "Remarks"; the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above) <i>U.S. Attorney's Office</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above) <i>US Courthouse Williamsport PA</i>	Date of Service <i>4/9/01</i>
	Time <i>1305</i> pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee <i>45.00</i>	Total Mileage Charges (including enclaves) <i>0</i>	Forwarding Fee	Total Charges <i>45.00</i>	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

FILED  
SCRANTON

MAY 16 2001

PER *[Signature]*  
DEPUTY CLERK





U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

*Gordon*

COURT CASE NUMBER

*CV-01-331*

DEFENDANT

*Gonzalez*

TYPE OF PROCESS

*54C***SERVE****AT**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

*U.S. Attorney*

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

*Williamsport, PA*

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Number of process to be  
served with this Form - 285Number of parties to be  
served in this caseCheck for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

DATE

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

*1*District  
of OriginNo. *67*District  
to ServeNo. *67*

Signature of Authorized USMS Deputy or Clerk

*P. Lanelle*

Date

*4/6/01*I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

*U.S. Attorney's Office*

Address (complete only if different than shown above)

*US Courthouse  
Williamsport PA*☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Date of Service

*4/9/01*

Time

*1305*

am

pm

Signature of U.S. Marshal or Deputy

*[Signature]*

Service Fee

*45.00*Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

*45.00*

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

**FILED  
SCRANTON**

REMARKS:

MAY 16 2001

PER *[Signature]*

DEPUTY CLERK

RECEIVED  
MAY 16 2001  
U.S. DISTRICT COURT  
DISTRICT OF COLUMBIA